

# H1N1 AKA SWINE FLU

**HEALTHCARE WORKERS**

**A FACT SHEET** NOVEMBER 2009

## FREQUENTLY ASKED QUESTIONS ABOUT H1N1 AND VACCINATION

### **1. Who is recommended to receive the H1N1 flu vaccine?**

The New Hampshire Department of Health and Human Services is recommending vaccination for priority groups: (1) pregnant women, (2) all children 6 months to 4 years of age, (3) children and young adults 5 to 24 years old with underlying medical conditions, (4) healthcare workers with direct patient contact, and (5) people caring for or living with infants less than 6 months old. New Hampshire is recommending prioritizing these groups until more vaccine is available.

There will eventually be sufficient vaccine for everyone who wants it. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups.

### **2. When will vaccine be available for those who are beyond the initial target groups?**

This is an emerging situation. The New Hampshire Department of Health and Human Services will make this information available as soon as it is known.

### **3. Is the H1N1 vaccine recommended for patients who had an influenza-like illness in April 2009 or later?**

All people in a recommended vaccination target group who did not have H1N1 virus infection confirmed by a real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) test should be vaccinated with the H1N1 vaccine. The rRT-PCR test is the only test that can confirm infection specifically with the H1N1 virus. Rapid tests are not always accurate. People who had an illness confirmed by rRT-PCR to be H1N1 virus earlier in 2009 can be considered to be immune and do not need to be vaccinated this year.

In addition, people recommended for seasonal vaccine should get it because infection with the H1N1 virus does not provide protection against seasonal influenza viruses.

### **4. Can I give both the seasonal flu vaccine and the H1N1 flu vaccine at the same time?**

Yes. The H1N1 vaccine shot can be administered at the same visit as any other vaccine, but should be given in a different site. The H1N1 nasal spray can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal nasal spray live attenuated influenza vaccine (LAIV). If a person is eligible and prefers the LAIV formulation of both seasonal and H1N1 vaccine, these vaccines should be separated by a minimum of four weeks.

### **5. How many doses of H1N1 vaccine does each patient need?**

People age 10 and older require only one dose of vaccine. Those younger than 10 will require two doses, given four weeks apart.

### **6. Should pregnant women be vaccinated?**

Yes. They should get the “flu shot” (NOT the nasal-spray vaccination). If the woman expresses concern about thimerosal, she can be given a vaccine from a single-shot vial, though numerous studies have shown no relationship between thimerosal and autism.

### **7. In the package inserts, the age group for which two doses of vaccine are required is different for seasonal (6 months through 8 years) and 2009 H1N1 monovalent vaccine (6 months through 9 years). Should I follow the recommendation in the package inserts?**

The CDC recommends that clinicians follow the guidance in the manufacturer package inserts. For 2009 H1N1 monovalent vaccines, that means that clinicians should administer two doses of 2009 H1N1 monovalent vaccine to children 6 months through 9 years of age. Persons 10 years and older should receive one dose.

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**8. The interval between 2009 H1N1 monovalent vaccine doses for children 6 months through 9 years is stated as “approximately 1 month” in the package inserts. What does “approximately 1 month” mean?**

The CDC recommends that the two doses of 2009 H1N1 monovalent vaccine be separated by four weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose can be considered to be valid. If the interval separating the doses is less than 21 days, the second dose should be repeated four weeks after the first dose was given.

**9. If seasonal live attenuated influenza vaccine (LAIV) and 2009 H1N1 LAIV are given during the same visit, do either or both doses need to be repeated, and if so, when?**

ACIP recommends that seasonal and 2009 H1N1 LAIV not be administered during the same visit. However, if both types of LAIV are inadvertently administered during the same visit, neither vaccine needs to be repeated.

**10. Are there patients who should not receive the H1N1 vaccine?**

Asking patients if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for allergic reactions from receiving influenza vaccines. Persons who have had symptoms such as hives or swelling of the lips or tongue, or who have experienced acute respiratory distress after eating eggs, should receive appropriate medical evaluation to help determine if influenza vaccine should be administered. Patients with a history of Guillain-Barré syndrome within six weeks of receiving an influenza vaccine or who had a severe reaction to flu vaccine in the past should not be vaccinated. Children younger than 6 months and patients who are ill with a fever should not be given vaccine.

**This information was obtained from the CDC. See [www.cdc.gov/h1n1flu/vaccination/clinicians\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm)**



To learn more about the H1N1 flu and vaccine, go to the H1N1 Influenza Resource Center on <http://www.nh.gov>  
**NH DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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